PTO/SB/82 (01-06)

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Attorney Docket Number

I hereby revoke all previous powers of attorney given in the above-identified application.		
A Power of Attorney is submitted herewith.		
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☑ Please change the correspondence address for the above-identified application to: ☑ The address associated with Customer Number: 50710		
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Tam the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)		
SIGNATURE of Applicant or Assignee of Record		
Signature //		
Name Marc Hertz		
Date 10/3/ 106		8-860-2500
NOTE: Signatures of all the inventors or assignaes of record of the entire interest or thair rapresentative(s) are required. Submit multiple forms if more than one signature is required, saa balow*.		

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